



**Commonwealth of Massachusetts
Health Care Quality and Cost Council
Two Boylston Street, 5th floor
Boston, MA 02116**

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

617-988-3360 • Fax 617-727-7662 • TTY 617-988-3175
www.mass.gov/healthcare

JUDYANN BIGBY, M.D.
Chair

KATHARINE LONDON
Executive Director

Health Care Quality and Cost Council

Minutes

Wednesday, August 22, 2007

1:00p.m. - 3:00 p.m.

Office of Attorney General

One Ashburton Place, 20th floor

Boston, MA 02108

Attendees: JudyAnn Bigby (chair), Charles Baker, Elizabeth Capstick, James Conway, Christopher DeLorey, David Friedman, Ken Labresh, Joseph Lawler, Katharine London, Robert Seifert, Gregory Sullivan, Kathy Glynn representing Dolores Mitchell, Nancy Schwartz representing Kevin Beagan.

JudyAnn Bigby called the meeting to order at 1:04pm

I. Approval of Minutes

The Council approved the minutes of its meeting July 18, 2007.

II. Executive Director's Report

- The Council's Annual Meeting is scheduled for September 21, 2007 at the JFK Library in Boston. This meeting will highlight the Council's goals for the Commonwealth and give the public an opportunity to engage in the discussion. There will be panel presentations on Public Reporting of Comparative Health Care Quality and Cost Data, Preventing Hospital Acquired Infections, and Disparities. Today's meeting material includes a copy of the annual meeting agenda, also posted on the HCQCC Website. Online registration information will be coming soon. Registration meals fee is \$30.00 per attendee.
- The upcoming Advisory Committee Meeting on September 5th, 2007 will feature two Panels. One panel will consist of employers and the second will include labor representatives. The meeting will give us the opportunity to see how the work we are doing affects certain members of the public. The panel will each present on the work they are doing in responding to our goals while shedding light on any barriers and challenges they see in moving forward.
- The Council held a Public Hearing on August 7, 2007 in response to Regulation 129 CMR 1.00. There were two testifiers and a handful of written testimony. The testimony and a copy of the Regulation are posted on the HCQCC website. The record closed August 17 for the general public, and will close August 29 for members of the Advisory Committee.

- The Data Manager RFP is in progress. On August, 10, 2007, we had about 30 potential bidders attend the bidder's conference. There were lots of questions and the answers to those questions will be posted on www.Comm-Pass.com. All proposals are due before noon on Aug. 31. The review team will be reviewing the proposals the two weeks following submission.
- The recent Project Manager job posting has been filled. There was an interview process and with the help of Dolores Mitchell's staff the council found someone who fit the job description and has the expertise to take on the duties required. This person should be on board early September.

III. Items for discussion

A. Approval of contract for Web Design and Communication Consultant.

The RFP seeks communications assistance from experienced individuals or firms for the purpose of developing and implementing a comprehensive communications plan targeted to several constituencies including health care consumers, media outlets, providers, policy makers and agent/brokers of the Commonwealth. On July 16, 2007, twenty potential bidders attended the bidder's conference. We received seven proposals before the July 27, 2007 at 4:00pm deadline. Proposals were distributed to each member of the review committee Kevin Beagan, Chris Delorey, Peggy Kraft, Harry Lohr, Bob Seifert, and Mike Varadian. Each reviewer rated each proposal based on the criteria list in the RFP. The rankings and the comments made by the reviewers showed remarkable consensus and it was clear from the reviews that there were two very strong bidders. The review committee chose two finalists. These finalists were invited to make an oral presentation.

The Review Committee was responsible for identifying the responsive and responsible firm submitting the most advantageous proposal, taking into consideration firm's experience, expertise, staff capacity, references, and plan of services, as well as the proposed price. The review committee recommended that the Council contract with *SolomonMcCown & Associates*.

SolomonMcCown was not the highest bidder, but not the lowest. The bid was within the budget range proposed by the Council. There were certain sections of the proposal where the pricing seemed a little higher. The group came to the conclusion that their price made a lot of sense given the work that was being proposed. *SolomonMcCown* brings a good base of knowledge and experience. The review team felt that they had an extremely beneficial bench, keen interest, strong partners, and a dedicated account manager. *SolomonMcCown* addressed all of the issues presented in the RFP. For these reasons the review committee recommended *SolomonMcCown* to the Council.

The Council agreed that the two bidders who made it to the final round both demonstrated ability to handle the project. Council discussed the review committees' scoring process

and concluded that the review committee has taken time to pay attention to the details and the requirements. *SolomonMcCowns's* strengths and ability to deliver given the tight timeline was a strong consideration.

The Council is very interested in the consumer and their ability to access and use the information being presented. Council discussed *SolomonMcCown's* proposed communication strategy, and emphasis on making the information usable by consumers. Members agree that nobody has really been successful in reaching the attention and needs of all consumers with one strategy. This effort takes creativity, energy and teamwork between the Council and the contract recipient.

Council approved *SolomonMcCown* as the Web Design and Communications Consultant. Katharine introduced Helene Solomon in attendance who addressed the council by stating, "Thank you, we are ready for the challenge."

B. FY09 Budget

The Governance committee reviewed the proposed budget in great detail to eliminate duplicating items and outside consulting work that could be obtained by staff. The Committee came up with a couple of necessary items needed in order to maintain our goals. The budget also reflects our interest in sponsoring and supporting research. The Council started with general goals and as we move forward we need to look at specific recommendations. We need to evaluate our work. We need to know the value of what we have been doing. The budget reflects these efforts and ideas moving forward. As the Council becomes clearer about the work that it is doing, it will be important to plan ahead. In the process, the Council should spend some time projecting what it is going to cost to make this clear.

The FY09 Budget was approved by Council.

C. Discussion of Council Committee Structure

Council members expressed interest in focusing on the different goals and felt that in doing so Council should meet more often to discuss any recommendations and work being done in the committees. Council suggested that Council meeting be shorter when it is dealing with a recommendation from the committee, and longer when dealing with business.

The Council agreed to organize committees around the goals: Communications & Transparency, Patient Safety, Chronic Disease Management and Prevention, and End of Life Care. Each of these four committees would focus on a particular goal, with all of the committees focusing on health disparities. The new committee structure will enable the Council to study each issue in-depth. The Governance Committee would continue with the same charge.

The Council agreed to hold the Council meetings twice per month, to move the Advisory Committee meetings to a quarterly schedule, to schedule committee meetings on the same days as the Council meetings in order to reduce travel time, and to involve Advisory Committee members in Committee discussions as needed.

D. Discussion of Hospital Acquired Infections

Commissioner of Public Health John Auerbach discussed DPH's Campaign to Eliminate Hospital Acquired Infections.

Commissioner Auerbach reviewed the Betsy Lehman Center's Expert Panel report on Hospital Infections in Massachusetts. DPH is taking concrete steps in response to this information.

Beginning this September, DPH will initiate a major campaign to eliminate hospital-acquired infection. It will utilize the research and recommendations from the recent interim report of the Expert Panel convened by the Betsy Lehman Center to guide a multi-faceted effort to improve patient safety in hospital settings. The campaign includes four goals: Complete the Lehman Center report on the prevention and control of hospital-acquired infections (HAIs) in Massachusetts; implement prevention-oriented educational, training and technical assistance efforts at hospitals; require hospitals to report on HAIs as well as on prevention and control activities; and prepare consumers/patients to be well-informed and active participants in the elimination of HAIs. DPH expects that these action steps will reduce cost incurred due to infections.

The Council commended the Commissioner for his work in this area.

The Council noted that there are several bills in the legislature relating to Hospital Acquired Infections. The Council asked the new Patient Safety Committee to analyze these bills and make a recommendation to the full Council on whether it should support these bills.

Meeting Adjourned at 2:52.